

A CALL TO ACTION: A PLAN FOR CHANGE



Community Hospitals and Primary Health Care

Presentation to Health PEI Board of Directors

January 10, 2012



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Divisional Overview*

Program Areas

- Primary Care Networks and Chronic Disease Prevention and Management
- Mental Health and Addictions
- Public Health Programs
- Community Hospitals
- Special Projects (e.g., Aboriginal Health)

Budget -- \$75,149,600

Staff -- 801.5 FTEs

*Details are provided in attachment previously circulated

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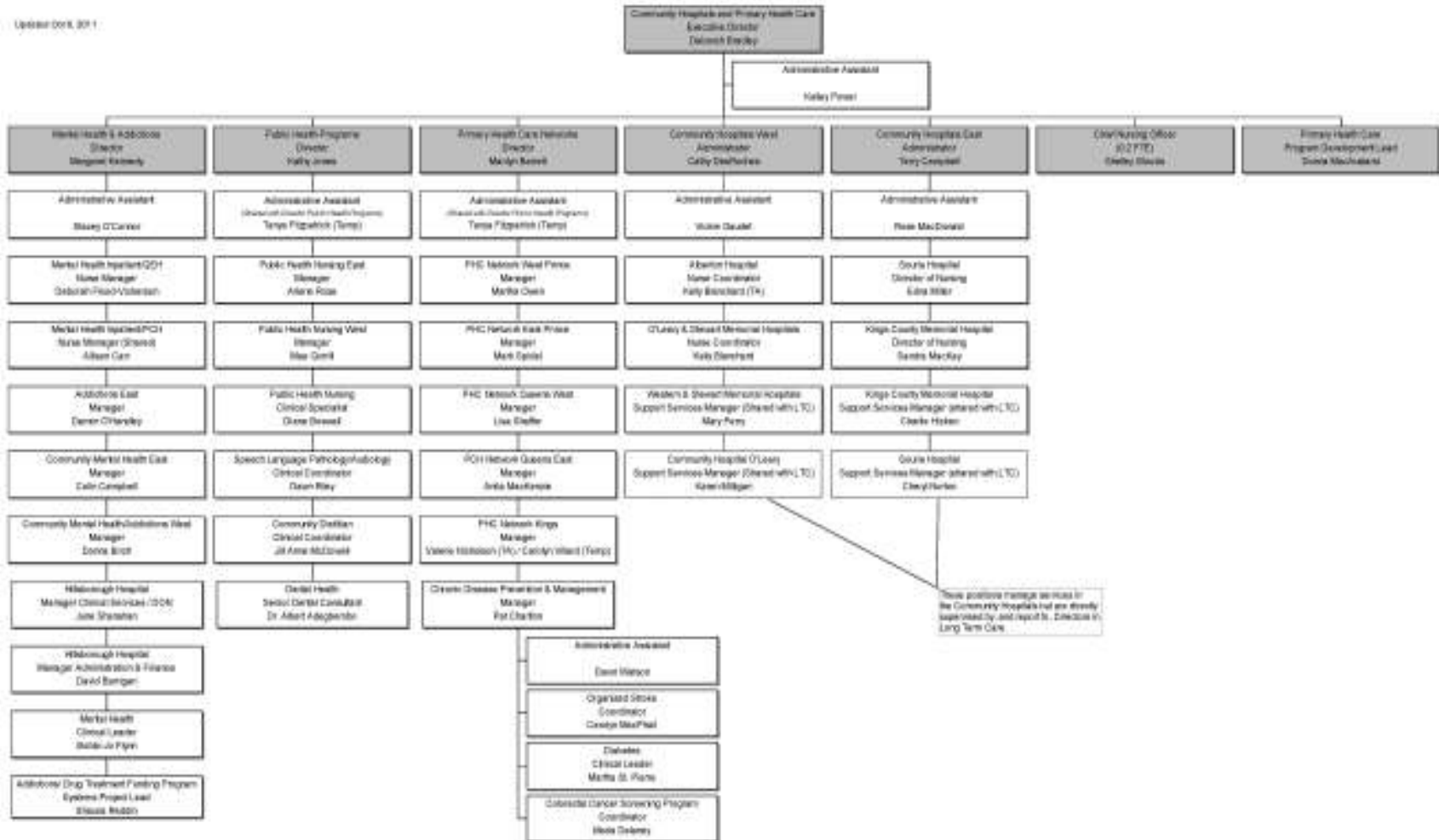
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Organizational Chart

Community Hospitals and Primary Health Care

Updated Oct, 2011



Strategic Initiatives

- Primary Care Renewal/Networks
- Integrated Chronic Disease Prevention and Management
- Mental Health Services Strategy
- Cancer Coordination
- PEI Organized Stroke Care

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Primary Care Renewal

Purpose

- Phase one developed the service delivery model including the policy issues of “Family Physician for every Islander” and “Close to Home.”
- Phase two is operationalizing the primary care model within each network, as well as provincially, in keeping with the overarching goals and objectives of Health PEI.

Key benefits to be realized

- Reduction in hospital admissions, readmissions and ED visits for people with ACSC
- Increased collaborative practices including timely access
- Physician accountability in conjunction with Medical Affairs
- Improved continuity of care and health outcomes

Accomplishments

- Established Primary Care Networks (**flip to next slide**) and Network Managers and Medical Directors are in place and the staffing complement improving
- Enhanced education for RN I to RN II (for chronic disease management)
- Collaborative Mental Health project initiated
- INR management in the networks
- Diabetes collaboration in 10 family physician offices (17 physicians)
- Planning outreach services
- Primary care service survey to all Island households

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Primary Care Networks

Primary Care Networks

- Established as the renewed model for the delivery of primary care services in PEI
- Five networks: West Prince, East Prince, Queens West, Queens East and Kings
- Distribution ensures similar population sizes, equitable staff/ resource allocation
- Builds on existing primary care delivery sites (private clinics/offices, health centers) and augments where necessary to ensure 30 kilometer radius from a primary care site for all Islanders
- Goal is integration of services, accountability, sustainability, and improved access

Programs and Services

- Clinical/medical based services
- Health promotion and illness prevention
- Chronic disease prevention and management (e.g., diabetes education)
- Targeted screening programs (based on identified need)
- Services to special populations
- **Go back to previous slide**

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Integrated Chronic Disease Prevention & Management

Purpose

- To develop an integrated approach to deliver services for the prevention and management of chronic disease
- To prioritize, develop and implement new models of collaborative care pathways for chronic diseases based on clinical practice guidelines.

Key benefits to be realized

- Improve self-management and health outcomes
- Reduce the utilization of acute care services

Accomplishments

COPD

- External funding secured and Coordinator hired
- Pilot at Harbourside completed
- Extensive training across the province
- Provincial spread started Dec/11

Hypertension

- External funding secured
- Chart audit for compliance with CHEP guidelines (EK)
- Lifestyle Behaviour Change Intervention completed at Central Queens

Smoking Cessation

- Ottawa Model Smoking Cessation

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Ambulatory Care Sensitive Conditions (rate per 100,000)

	2007/08	2008/09	2009/10	2010/11
Canadian Average	326	320	302	N/A
Kings	659 (202%)	633 (198%)	542(179%)	532
Queens	396 (121%)	389(121%)	483(160%)	532
East Prince	538 (165%)	505(158%)	443(147%)	529
West Prince	773 (237%)	787(246%)	723(240%)	1064
Provincial	485 (149%)	480 (150%)	497(165%)	N/A

Harbourside Impact on PCH

	2009/ 2010	2010/ 2011	Variance
Triage 4	1073	806	↓ 33.1%
Unplanned Readmits for ACSC 7 days	4	1	↓ 75%
Unplanned readmits 8-28 days	16	5	↓ 69%

•1000 fewer visits to PCH ED by Harbourside patients



Measurement: COPD and Hypertension

COPD Demonstration Project at Harbourside Health Centre		
PCH only	2010	2011
All admissions	38	5
COPD admissions	16	2
% unplanned readmissions ≤7d	5.3%	4.2%
% unplanned readmissions 8 - 28 d	2.6%	0%
Visits to family Physician	173 (36)	122 (24)

Hypertension Chart Audit at Eastern Kings Health Centre	
Eastern Kings Only	Compliance rate
BP taken at appt	95%
Lipid Assay within 2 yrs	84%
If BP ≥ 140/90 then recheck within 2 months	17%

Of the 100 charts audited at Eastern Kings Health Centre:

- 48% of the charts had hypertension documented as a diagnosis
- 31.8% of patients with diabetes had BP less than 130/80
- 50% of patients with cardiovascular disease had BP less than 140/90
- 37.5% of patients with both diabetes and CVD had BP in the target range



Mental Health and Addictions

Acute Mental Health

- Inpatient care at Hillsborough Hospital, QEH Unit 9, and PCH Inpatient Mental Health
 - Inpatient and ambulatory care (ECT, therapy, transitional care)

Community Mental Health

- Assessment, treatment, and case management, planning and coordination
- Individual, family, and group treatment to
 - Children, adults, and seniors with acute and chronic and persistent mental illness
- Specialized programs for seniors
- Assertive community outreach

Addiction Services

- Inpatient/Outpatient Services
- Family and Youth Services
- Youth Day Treatment Program (Strength Program)
- Recovery, Supported, and Emergency Housing
- Gambling Addictions Program
- Methadone Maintenance Treatment Program
- Smoking Cessation

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Mental Health Services Strategy

Internal Service Improvement

Roadmap for Improvement

System Accountability

- Operational Structure
- Legislative Review
- Information Management

Enhanced Service Delivery

- Populations: children, seniors, and those experiencing concurrent disorders
- Transitions focused (e.g., Children's, crisis response)

Confirm Human Resource Needs

Work Completed to Date

System Accountability

- Operational Structure
- Medical Leadership
- Program Management across the continuum

Enhanced Service Delivery

- Intake Review
- Standardized Adult Intake
- Centralized Children's Intake
- Integration of Psychiatry referral
- Crisis Response Protocol
- Complex Case Model planning

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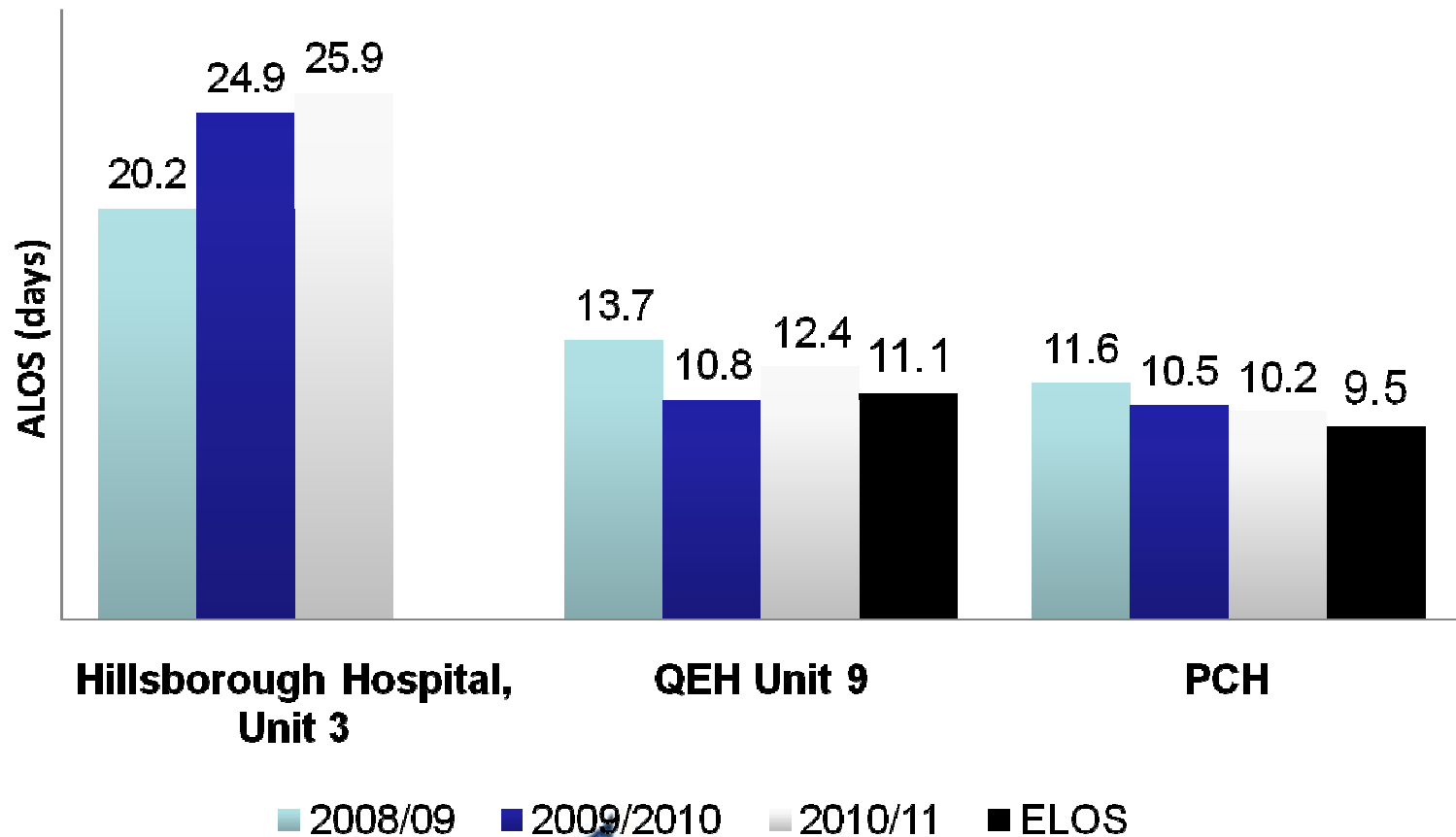
Mental Health Indicators

INDICATOR	Baseline 2008/2009 QEH/PCH	Results 2009/2010 QEH/PCH	Results 2010/2011 QEH/PCH	Community Hospitals 10/11	Hillsborough Hospital Unit 3 10/11
Unplanned readmissions ≤ 7 d for mental health admissions	5.1%	3.9%	3.5%	4.6%	2.0%
Unplanned readmissions 8- 28 d for mental health admissions	6.3%	5.6%	6.2%	10.3%	5.0%
Length of stay for mental health patients (ALOS-ELOS)	ALOS=11.3 ELOS = 9.4 Var. = 1.9	ALOS=10.9 ELOS = 9.4 Var.= 1.5	ALOS=12.8 ELOS= 11.8 Var = 1.0	ALOS=29.0 ELOS=12.7 Var.=16.3	ALOS= 25.9 d

Crisis response protocols in ED at QEH/ PCH improved and revised with ongoing communication mechanisms in place between acute and community.



ALOS from 2008 to 2011 & ELOS for 2010/11 (as available)



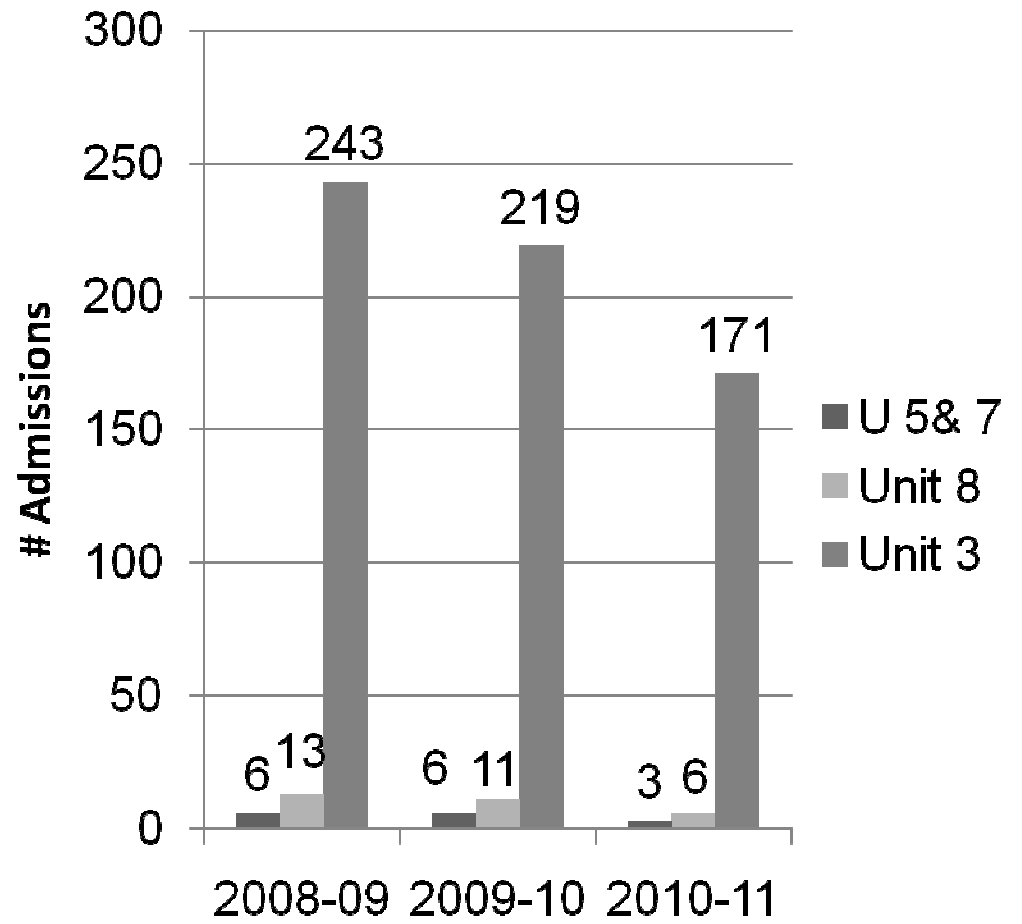
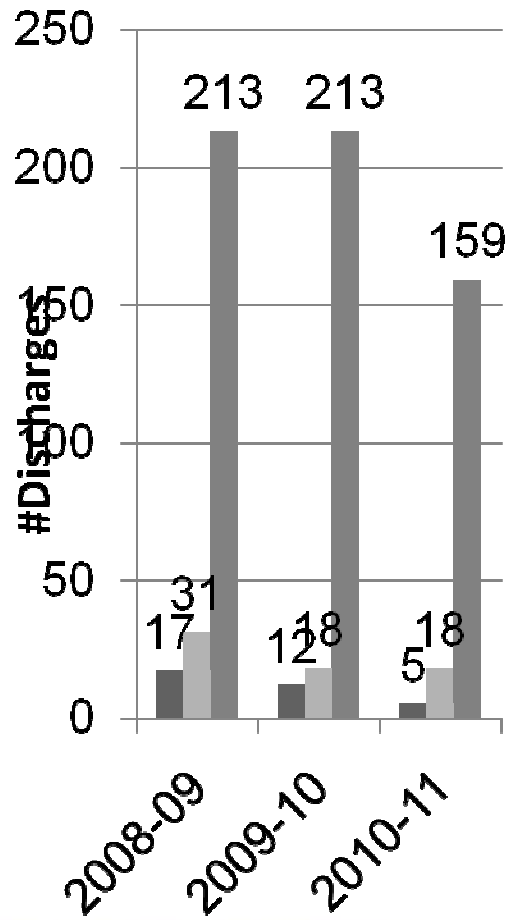
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Hillsborough Hospital Admissions & Discharges



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Addictions: System Improvement Planning

Federal Drug Treatment Funding Program (2010-13)

- Evidence Based Practice
- Linkage and Exchange
- Performance Monitoring and Evaluation

Specific Process Improvements Under Way

- Inpatient Detox
- Outpatient Detox
- Methadone Maintenance
- Concurrent Disorders

Development of a Standardized Framework for PEI Addictions Services

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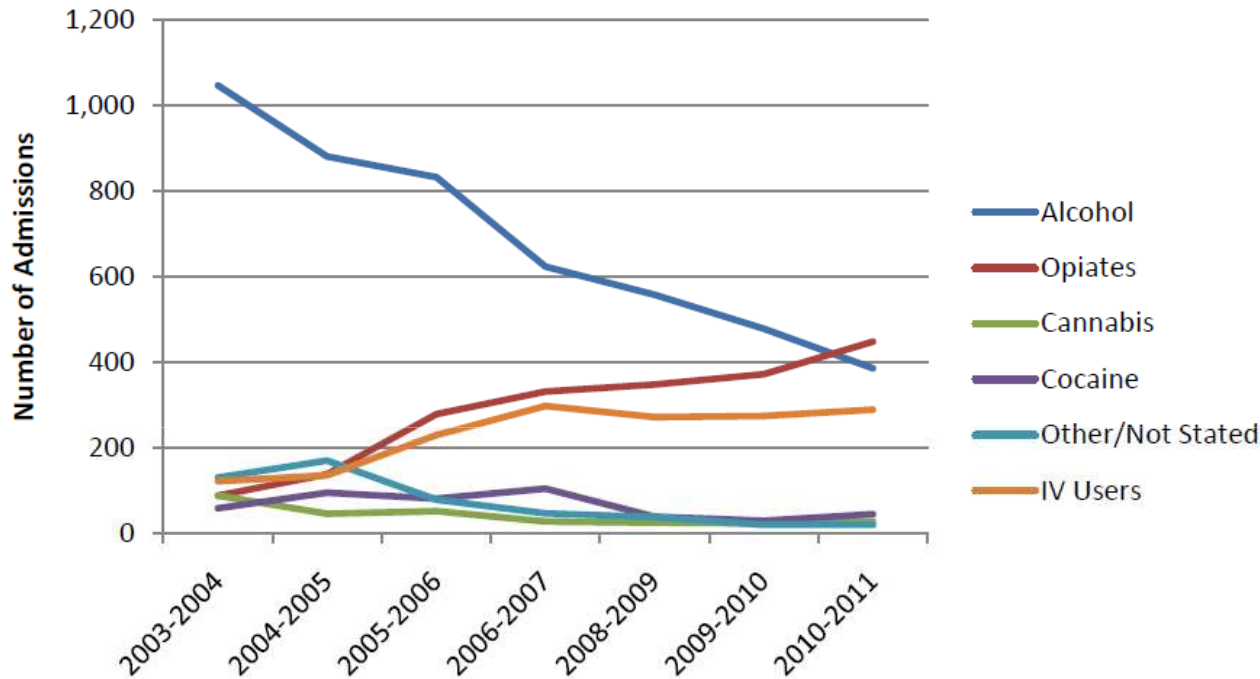
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Addiction Indicators

Drug of Choice Trends for Inpatient Detox Admissions 2003-11



Note:

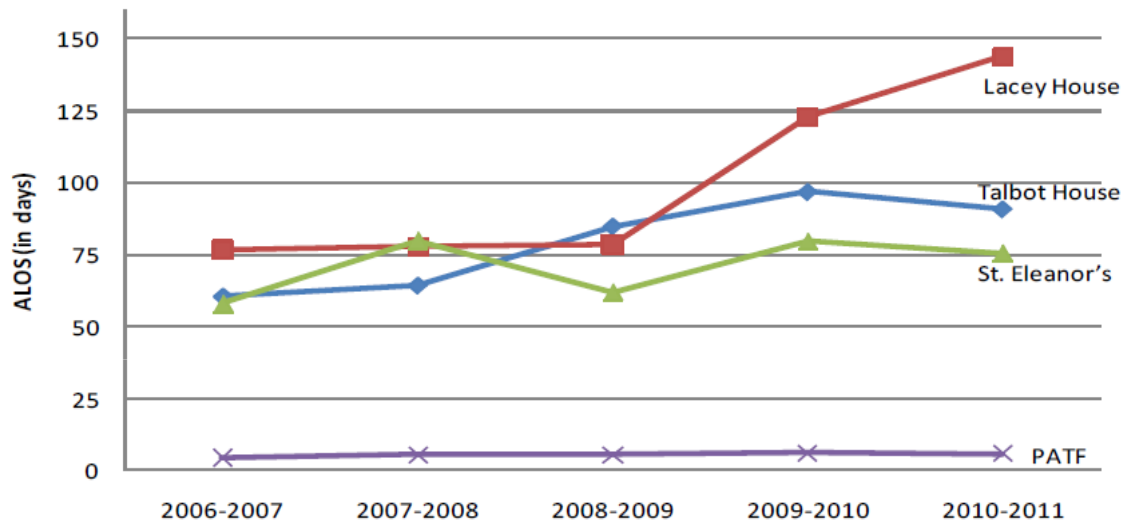
In 2010, opiates eclipsed alcohol as predominant drug of choice for clients admitted to detox. This trend should not be interpreted as reduction of alcohol addiction in the community, but does raise concerns – particularly as relates to the need for opiate treatment (i.e. Methadone Maintenance).

Related Goal - An accessible, equitable inpatient detoxification service that meets the needs of the population.



Addictions Indicators

Avg. Length of Stay in Inpatient/Residential Addictions Facilities 2006-11



Note:

ALOS at PATF (Detox) appears to be steady; this should not be interpreted as a lack of increased demand, as this represents operating at full capacity.

Increased length of stay at the Recovery Homes (e.g., Lacey) is easily influenced by a few clients, and does not necessarily represent a significant change.

Related Goal – Appropriate utilization of existing inpatient services, and appropriate resource distribution of services in response to needs.



Key Divisional Issues

Primary Care Networks/Chronic Disease Prevention and Management

- Rollout and ongoing development of networks and chronic disease prevention and management initiatives
- Physician engagement and physician shortages in rural PEI
- Space and infrastructure
- Queens East – no HPEI owned and operated health centre

Mental Health and Addictions

- Staffing and resources
- Adjustment to structural and program changes
- Demands and expectations
- Quality of care within Mental Health and Addiction services
- Defining the role of Hillsborough Hospital

Other Divisional Issues

- Defining the role of Community Hospitals
- West Prince Health Services
- Dental Association of PEI Contract for Children's Dental Care Program

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Opportunities

- Investing in primary care will mean improving quality and reducing cost through:
 - improved health outcomes;
 - lower utilizations of hospital ERs;
 - fewer hospital admissions.
- The new model/structure for Mental Health and Addictions programs will increase continuity of care for Islanders.

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Thank You!

Questions?

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